

TRANSMITTAL S F FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/044916
APR 11 2002		Filing Date	01/15/2002
		First Named Inventor	Matthew J Sherman
		Group Art Unit	2152
		Examiner Name	
Total Number of Pages in this Submission	9	Attorney Docket Number	2001-0025

Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) & Letter to Official Draftsman	<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Additional enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Notice to File Corrected Application Papers	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		

CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or	<input checked="" type="checkbox"/> Correspondence address below
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COUNTRY	United States of America		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
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SIGNATURE	<i>Robert T. Canavan</i>	DATE	2 APRIL 02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: *4/2/2002*

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SEND TO: Commissioner for Patents, Washington, D.C. 20231